



Rockin' by the River

Day Camp



Mishawaka Parks & Recreation Department
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Summer 2014

Week(s) (circle)	Dates	Theme	Basic or Extended (circle one)		3-day or 5-day (circle one)
1	June 9 - 13	Let's Move Healthy Lifestyle	Basic	Extended	3-day 5-day
2	June 16 - 20	Goin' Green	Basic	Extended	3-day 5-day
3	June 23 - 27	Survivor Skills @ George Wilson Park	Basic	Extended	3-day 5 day
4	June 30 - July 3 CLOSED 4th	Let's Get Movin' & Groovin' Karaoke	Basic	Extended	4-day for 3-day price
5	July 7 - 11	Let's Move Sports/Fun & Fitness	Basic	Extended	3-day 5-day
6	July 14 - 18	Wizard Week	Basic	Extended	3-day 5-day
7	July 21 - 25	Paws & Claws	Basic	Extended	3-day 5-day
8	July 28 - August 1	Working Together	Basic	Extended	3-day 5-day
9	August 4 - 8	Super Heroes	Basic	Extended	3-day 5-day
10	August 11 - 15	Let's Move at the Beach	Basic	Extended	3-day 5-day

Registration/Activity Fee: \$25.00/child (includes a camp T-shirt)

Basic Camp Fees

3-Day Basic 9:15 am -3:30 pm: \$75.00
 5-Day Basic 9:15am -3:30 pm: \$120.00

Extended Camp Fees

3-Day Extended 7:30 am-5:30 pm: \$90.00
 5-Day Extended 7:30 am-5:30 pm: \$140.00

Camp 2014 Registration

Rockin' by the River Day Camp

Camper's Name _____ Date of Birth _____ Age _____ Gender _____

Address _____ City _____ State _____ Zip _____

School _____ Grade in Fall 2014 _____

Attended Day Camp before? _____ Yes _____ No If yes, how many years? _____

T-shirt size (circle one): YS (6-8) YM (10-12) YL (14-16) S M L XL

(Shirt is included with Camp Registration)

Emergency Contact Information

Parent/Guardian(s) _____ Home Phone _____

E-mail Address _____ Alt. Phone _____

Mother's Place of Employment _____ Work Phone _____

Father's Place of Employment _____ Work Phone _____

Names of two alternates who may be contacted in case of emergency, and who have my permission to provide transportation:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Consent for Participation

My child has permission to swim at camp. _____ Yes _____ No

I give my child permission to attend Day Camp and participate in all activities. I have read the camp policies and procedures and agree to cooperate with all regulations. _____ Yes _____ No

You have my permission to use photographs in which my child's picture appears for the Mishawaka Parks and Recreation Department publicity. _____ Yes _____ No

I understand there may be hikes or walks away from Camp Sites and my child has permission to go on these trips as part of Day Camp. I understand adequate care and supervision will be given at all times. _____ Yes _____ No

Parent/Guardian Signature _____ Date _____

Camper's Name _____

Physician's Name _____ Phone _____

Name and identification number of family hospital/medical insurance _____

Employer through which insurance is received _____

Date of last Tetanus Shot/Booster _____

To assist the camp staff in case of need, please indicate if your child is subject to any of the problems listed below.

Known allergies:

Food _____ Drugs _____ Plants _____

Animals _____ Insects _____ Other _____

Explain reaction and indicate medication used: _____

Check if prone to any of the following conditions:

Asthma _____ Stomach Upset _____ Hyperactive _____

Learning Disabled _____ Frequent Headaches _____ High Blood Pressure _____

Ear Problems _____ Epilepsy _____ Heart Problems _____

Diabetes _____ Fainting _____ Visual/Hearing Problems _____

Convulsions _____ Other (please explain) _____

Any disability requiring accommodation in the form of special attention, auxiliary aids or services, removal of physical or communications barriers, etc. (please specify): _____

List any specific activities to be avoided: _____

Medicines your child is taking now and dosage: _____

*** Supervisors may NOT dispense medication to campers. The camper MUST remain at home if receiving medication for a communicable disease. We are a Day Camp, not a day care facility with separate care for ill children.***

I certify that my child is in good health and can participate in all normal activities. I understand reasonable measures will be taken to safeguard the health and safety of my child and I will be notified as soon as possible in case of an emergency. In the event of sickness/accident, I give my permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above.

Signature of parent or guardian _____

Total Due _____ Amount Paid _____ Date _____

Camper's Name _____

Week(s) (circle)	Dates	Theme	Basic or Extended (circle one)	3-day or 5-day (circle one)	Day not attending (3-day session)	Receipt # (Office Use Only)
1	June 9 - 13	Let's Move Healthy Lifestyles	Basic Extended	3-day 5-day		
2	June 16 - 20	Goin' Green	Basic Extended	3-day 5-day		
3	June 24 - 28	Survivor Skills @ George Wilson Park	Basic Extended	3-day 5-day		
4	June 30 - July 3 CLOSED 4th	Let's Get Movin' & Groovin'	Basic Extended	4-day for 3-day price		
5	July 7 - 11	Let's Move Sports/Fun & Fitness	Basic Extended	3-day 5-day		
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Camp Fees, Information and Policies

Mishawaka Parks & Recreation reserves the right to cancel this program in the event of low registration or an emergency.

Registration/Activity Fee: \$25.00/child (includes a camp T-shirt)

Basic Camp Fees

3-Day Basic 9:15 am -3:30 pm: \$75.00
5-Day Basic 9:15am -3:30 pm: \$120.00

Extended Camp Fees

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Late Pick-Up from Camp/Late Fees

Staff is only at camp from 7:30am to 5:30pm. Please do not drop your child off before 7:30am. Please be prompt in picking your child up at the designated time.

If parents are late in picking up their youth, they will be assessed a \$10.00 late fee per child for each 15 minutes that they are late. This will need to be paid at the time the child is picked up. If the fee is not paid, the child will not be allowed to attend camp the following day.

Sibling Discounts

Sibling discount of: 2nd child \$10/week 3rd child \$20/week - Must meet guideline requirements

Drop-in rate of \$30.00 per day is available with a 24 hour notice.

Who can come to day camp?

Our day camp program is open to all youth, ages 6 through 11.

Where is Camp?

We are located at Castle Manor in Merrifield Park, 1000 E. Mishawaka Ave. in Mishawaka. Except week of June 23-27th camp will be held at George Wilson Park, 2605 S. Clover Rd, in Mishawaka (corner of Clover Rd. & Dragoon Trail)

What to Bring & Wear

Campers should wear play clothes and tennis shoes and dress according to the weather of the day. Campers should bring a swimsuit and towel every day. Please send sunscreen with your child. It is a good idea to label the above items.

Lunch/Snack

Lunch will be provided; however, we are not able to accommodate "Special Diet" needs. Campers may bring extra drinks (no soft drinks) and a healthy snack.

Campers are not allowed to bring electronic devices to camp. The Mishawaka Parks Department is not responsible for lost or stolen items.